

# COMMON SENSE PARENTING PROGRAM VOUCHER

Parent Initials	Assessment	Referral Received Date	DSS Com Not-com	TANF Com Not-com	Court Ordered Com Not-com	DV Com Not-com	Referred Back Date	Duplicate referrals	Date Class Started	Date Class completed	Unit cost
1.											
2.											
3.											
4.											
5.											
6.											
7.											
8.											
9.											
10.											
11.											
12.											
13.											
14.											
15.											
16.											

Date \_\_\_\_\_ County \_\_\_\_\_ Court District \_\_\_\_\_ City classes held in \_\_\_\_\_

Number of Children served \_\_\_\_\_ Number of Males attending \_\_\_\_\_ Number of Females attending \_\_\_\_\_

Incarcerated Parents \_\_\_\_\_ Class ID Number \_\_\_\_\_ Parents with Disabilities \_\_\_\_\_ Children with Disabilities \_\_\_\_\_

Number of books given to DSS and/or TANF parents \_\_\_\_\_/Amount \_\_\_\_\_ Total Class Amount \_\_\_\_\_

Signature of Facilitator \_\_\_\_\_ Agency \_\_\_\_\_ Address \_\_\_\_\_